

Subpart 15. Emergency Response Network Board

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Title 48
PUBLIC HEALTH—GENERAL
Part I. General Administration
Subpart 3. Licensing and Certification

§9001. Purpose

Subpart 15. Emergency Response Network Board
Chapter 181. General Provisions

§18101. Scope

A. These rules are adopted by the Louisiana Emergency Network (hereinafter LERN) Board (hereinafter board) to effectuate the provisions of R.S. 40:2841 et seq.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2846(A).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Louisiana Emergency Response Network Board, LR 34:649 (April 2008).

Chapter 183. Louisiana Emergency Response Network (LERN) Board

§18301. Board Officers of Louisiana Emergency Response Network (LERN) Board

A. The chairman and vice-chairman, and any other officers that the board shall deem necessary, shall be elected for a two-year term at the first meeting held following January 1 of each even numbered year.

B. In the case of a vacancy in the office of chairman, the vice-chairman shall serve the remainder of the vacated term, and in the case of a vacancy in the office of vice-chairman, the board shall elect a new vice-chairman who shall serve the remainder of the vacated term.

C. The chairman shall:

1. preside at all meetings of the board;
2. determine necessary subcommittees and working group and appoint members to each subcommittee and working groups;
3. direct activities of staff between board meetings;
4. provide direction on behalf of board between meetings to all regional commissions;
5. designate the date, time and place of board meetings;
6. enter into confidentiality agreements on behalf of the board regarding pertinent data to be submitted to board and board staff which contain individually identifiable health or proprietary information;
7. perform all other duties as may be assigned by the board.

D. Should the chairman become unable to perform the duties of chairman, the vice-chairman shall act in his stead.

E. A ground for removal of a board officer includes conviction of a felony.

AUTHORITY NOTE: Promulgated in accordance with R.S. 48:2844(H) and 40:2846(A).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Louisiana Emergency Response Network Board, LR 34:650 (April 2008).

§18303. Quorum

A. Eight members of the board shall constitute a quorum for all purposes.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2844(H) and 40:2846(A).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Louisiana Emergency Response Network Board, LR 34:650 (April 2008).

§18305. Grounds for Removal of Board Members

A. Grounds for removal of board members include conviction of a felony.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2844(H) and 40:2846(A).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Louisiana Emergency Response Network Board, LR 34:650 (April 2008).

Chapter 185. Regional Commissions; Membership; Officers; Meetings; Duties and Responsibilities

§18501. Regional Commission Membership

A. Selection of Regional Commission Membership by Louisiana Emergency Response Network (LERN) Board

1. The process for selecting the regional commission members is as follows:

a. the LERN Board Chairman shall request in writing the name of a nominee to serve on each regional commission from each of the legislatively identified state organizations;

b. in the event there is more than one organization, state association or entity, each entity shall be requested to name a nominee and, once constituted, the commission shall choose from among the nominees; and

c. if no state or local organization exists in a category, but multiple nominees are identified in that category, the selection of the representative to serve on the regional commission will be determined by that category's group of nominees.

2. Once documentation is received from each organization or group, the compiled list of nominees is submitted to the board for ratification. The board shall appoint those selected by the various organizations.

B. Voting members of the regional commission may be added through a process employing the following steps:

1. majority vote of a quorum of voting members of the commission;

2. formal written request to LERN Board to add specified voting member, with reasons for adding. Such addition must represent a group which would enhance the working of the regional commission;

3. majority vote by LERN Board members at a meeting. If such a vote fails, the regional commission may appear in person at the following LERN Board meeting, where the subject will be revisited;

4. once an additional voting member is approved for one region, in order for other regions to add a member representing the same group, only a letter detailing the requirements of Paragraphs 1 through 3 above will be necessary to add the particular member. Board approval will not require an additional vote.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2845(A)(3)(a) and 40:2846(A).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Louisiana Emergency Response Network Board, LR 34:650 (April 2008).

§18503. Regional Commission Officers

A. Each regional commission shall select a chairman and vice chairman.

B. The chairman and vice-chairman, and any other officers that the commission shall deem necessary, shall be elected for a two-year term at the first meeting held following January 1 of each even numbered year.

C. In the case of a vacancy in the office of chairman, the vice-chairman shall serve as chairman for the remaining vacated term; and in the case of a vacancy in the office of vice-chairman, the regional commission shall elect a new vice-chairman who shall serve until the expiration of the vacated term.

D. The chairman shall:

1. preside at all meetings of the commission;

2. determine necessary ad hoc committees, appoint a commission member to chair each such committee, and provide for the commission as a whole to name the membership of the committee;

3. provide direction to the commission to implement the mandates of the LERN Board;

4. direct that a record of all meetings of the commission shall be kept and such records shall be retained as permanent records of the transactions of the commission; and

5. perform all other duties pertaining to the office of chairman of the commission or as may be assigned by the commission.

E. Should the chairman become unable to perform the duties of chairman, the vice-chairman shall act in his stead.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2845(A)(3)(a) and 40:2846(A).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Louisiana Emergency Response Network Board, LR 34:650 (April 2008).

§18505. Regional Commission Meetings

A. Meetings of the commission shall be noticed, convened and held not less frequently than quarterly during each calendar year and otherwise at the call of the chairman or on the written petition for a meeting signed by not less than the number of members which would constitute a quorum of the commission. Meetings shall be held on such date and at such time and place as may be designated by the chairman.

B. One third of the currently serving members of the commission shall constitute a quorum for all purposes. All actions which the commission is empowered by law to take shall be effected by vote of not less than a majority of the members present at a meeting of the commission at which a quorum is present.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2845(A)(3)(a) and 40:2846(A).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Louisiana Emergency Response Network Board, LR 34:651 (April 2008).

§18507. Regional Commission Duties and Responsibilities

A. Each regional commission shall:

1. develop a written system plan for submission to LERN Board, which plan shall:

- a. identify all resources available in the region for emergency and disaster preparedness and response;
- b. be based on standard guidelines for comprehensive system development;
- c. include all parishes within the region unless a specific parish portion thereof has been aligned within an adjacent region;

d. give an opportunity to all health care entities and interested specialty centers opportunity to participate in the planning process; and

e. address the following components:

- i. injury prevention;
- ii. access to the system;
- iii. communications;
- iv. pre-hospital triage criteria;
- v. diversion policies;
- vi. bypass protocols;
- vii. regional medical control;
- viii. facility triage criteria;
- ix. inter-hospital transfers;

x. planning for the designation of trauma facilities, including the identification of the lead facility(ies);
and

xi. a performance improvement program that evaluates processes and outcomes from a system perspective;

2. upon approval of the board, implement the system plan to include:
 - a. education of all entities about the plan components;
 - b. on-going review of resource, process, and outcome data; and
 - c. if necessary, revision and re-approval of the plan or plan components by LERN Board;
3. annually complete a regional needs assessment and conduct education and training within the region to meet the needs identified in the annual needs assessment;
4. develop and implement a regional performance improvement (PI) program plan;
5. develop and implement a regional injury prevention program;
6. at least quarterly, submit evidence of on-going activity, including meeting notices and minutes, to LERN Board; and
7. Annually submit a report to LERN Board which describes progress toward system development and demonstrates on-going activity;

B. Regional commission may request technical assistance from the LERN Board at any time.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2845(A)(3)(a) and 40:2846(A).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Louisiana Emergency Response Network Board, LR 34:651 (April 2008).

Chapter 187. Requirements for Louisiana Stroke Center Recognition

§18701. Stroke Center Recognition

A. The Louisiana Emergency Response Network Board (LERN) and the Louisiana Department of Health and Hospitals recognize the following four levels of stroke facilities:

1. level 1: comprehensive stroke center;
2. level 2: primary stroke center;
3. level 3: acute stroke ready hospital; and
4. level 4: non-stroke hospital.

B. Participation in Louisiana stroke center recognition is voluntary and no hospital shall be required to participate.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2846(A) and 48:2845(A)(7).

HISTORICAL NOTE: Promulgated by the Department of Hospitals, Emergency Response Network, LR 40:2590 (December 2014).

§18703. Stroke Center Criteria

A. Each facility participating in stroke center recognition shall meet the following criteria.

1. Level 1: A comprehensive stroke center (CSC) will meet the requirements specified by the joint commission or other board approved accrediting/certification body approved by LERN for comprehensive stroke center certification. Attestation as a CSC is only allowed after verification by the joint commission or other LERN approved accrediting/certification body that the facility meets all requirements set forth in the CSC standards.

2. Level 2: A primary stroke center (PSC) shall meet the requirements specified by the joint commission, healthcare facilities accreditation program (HFAP), or other LERN approved accrediting/certification body for Primary Stroke Center verification. Attestation as a PSC is only allowed after verification by the joint commission, HFAP, or other LERN approved accrediting/certification body that the facility meets all requirements set forth in the PSC standards.

3. Level 3: An acute stroke ready hospital (ACRH) will provide timely access to stroke care but may not meet all criteria for a Level 1 or a Level 2 facility. An ACRH will provide acute stroke care in urban and rural areas where transportation and access are limited. An ACRH is intended to recognize models of care delivery that have shown

utility, including “drip-and-ship” and telemedicine. An ACRH must meet requirements adopted by LERN. LERN approved requirements are based on national best practice guidelines.

4. Level 4: A non-stroke hospital (NSH) should not receive patients exhibiting signs or symptoms of stroke except for instances when the clinical situation requires stopping at the closest emergency department. A non stroke hospital must have:

- a. physician staffed ER 24/7;
- b. CT scan available within 12 hours; and
- c. transfer protocol in place for transfer to higher levels of care with a written and agreed upon relationship with a level I, II, or III stroke center.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2846(A) and 48:2845(A)(7).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Emergency Response Network, LR 40:2590 (December 2014).

§18705. Attestation for Stroke Center Recognition

A. A hospital seeking level 1, level 2, level 3 or level 4 stroke center recognition will submit an affidavit of the hospital CEO to LERN detailing compliance with the requirements designated herein.

1. A center or hospital seeking level 1 CSC recognition which submits a copy of that level of certification by a LERN-recognized organization, such as the joint commission or other LERN approved accrediting/certification body, shall be assumed to meet the requirements for recognition.

2. A center or hospital seeking level 2 PSC stroke center recognition which submits a copy of that level of certification by a LERN-recognized organization, such as the joint commission, HFAP, or other LERN approved accrediting/certification body, shall be assumed to meet the requirements for recognition.

3. Although a center or hospital seeking level 3 stroke center recognition is not required to obtain certification by an external certifying body, a level 3 center which submits a copy of that level of certification by a LERN-recognized organization, such as HFAP or other LERN approved accrediting/certification body, shall be assumed to meet the requirements for recognition.

4. Each center or hospital shall submit proof of continued compliance every two years by submission of an affidavit by its CEO.

B. A hospital or center which fails to meet the criteria for a Stroke Facility level or which no longer choose to maintain state Stroke Facility level recognition, shall immediately notify LERN and local EMS.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2846(A) and 48:2845(A)(7).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Emergency Response Network, LR 40:2590 (December 2014).

§18707. Stroke Center Listing

A. LERN will publish a list on its website of hospitals or centers attesting to or meeting stroke center criteria and their stroke center recognition. This list shall be made available to LERN regional commissions for facilitation of EMS transportation plans.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2846(A) and 48:2845(A)(7).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Emergency Response Network, LR 40:2591 (December 2014).

§18709. Hospital Destination/Stroke System Transport

A. These rules are not intended to prevent any hospital or medical facility from providing medical care to any patient but rather to serve as a guideline to facilitate the timely and appropriate delivery of stroke patients to the most appropriate care site for the definitive treatment of stroke.

B. Knowledge of statewide stroke capabilities and the use of a stroke pre-hospital destination protocol will enable providers to make timely decisions, promote appropriate utilization of the stroke care delivery system, and ultimately save lives.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2846(A), 48:2845(A)(7) and La. R.S. 9:2798.5.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Emergency Response Network, LR 40:2591 (December 2014).

Chapter 189. Requirements for Louisiana STEMI Receiving/Referral Centers

§18901. STEMI Center Recognition

A. The Louisiana Emergency Response Network Board (LERN), and the Louisiana Department of Health and Hospitals recognize the following types of facilities for the treatment of ST elevated myocardial infarction (STEMI):

1. STEMI receiving center; and
2. STEMI referral center.

B. Participation in the Louisiana STEMI center recognition is voluntary and no hospital shall be required to participate.

C. A facility seeking STEMI receiving center recognition shall meet the STEMI receiving center requirements adopted by LERN. LERN approved requirements are based on national best practice guidelines.

D. A hospital with an emergency room not meeting criteria for a STEMI receiving center will automatically default to a STEMI referral center.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2846(A) and 48:2845(A)(7).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Emergency Response Network, LR 40:2591 (December 2014).

§18903. Attestation for STEMI Center Recognition

A. A hospital seeking STEMI Center recognition will submit an affidavit of the hospital CEO to LERN detailing compliance with LERN Approved STEMI Receiving center requirements.

1. Those hospitals which submit a copy of certification by a LERN-recognized organization such as The American Heart Association Mission:Lifeline, Society of Cardiovascular Patient Care or other LERN approved accrediting/certification body shall be assumed to meet the requirements for recognition.

2. Each center or hospital shall submit proof of continued compliance every two years by submission of an affidavit of its CEO.

B. A hospital or center which fails to meet the criteria for a STEMI receiving center or which no longer choose to maintain state STEMI receiving center recognition, shall immediately notify LERN and local EMS.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:2846(A), 48:2845(A)(7) and R.S. 9:2798.5.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Emergency Response Network, LR 40:2591 (December 2014).

§18905. STEMI Center Listing

A. LERN will publish a list on its website of hospitals or centers attesting to STEMI center criteria for recognition as either a STEMI receiving center or STEMI referral center. This list shall be made available to the LERN regional commissions for facilitation of EMS transportation plans.

AUTHORITY NOTE: Promulgated in accordance with La. R.S. 40:2846(A) and 48:2845(A)(7).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Emergency Response Network, LR 40:2591 (December 2014).

§18907. Hospital Destination/STEMI System Transport:

A. These rules are not intended to prevent any hospital or medical facility from providing medical care to any patient but rather to serve as a guideline to facilitate the timely and appropriate delivery of STEMI patients to the most appropriate care site for the definitive treatment of STEMI.

B. Knowledge of STEMI capabilities and the use of a STEMI pre-hospital destination protocol will enable providers to make timely decisions, promote appropriate utilization of the STEMI care delivery system, and ultimately save lives.

AUTHORITY NOTE: Promulgated in accordance with La. R.S. 40:2846(A), 48:2845(A)(7) and R.S. 9:2798.5.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Emergency Response Network, LR 40:2591 (December 2014).

Chapter 191. Trauma Protocols

§19101. Entry Criteria and Region 4 LERN LCC Destination Protocol

A. On November 15, 2007, the Louisiana Emergency Response Network Board [R.S. 40:2842(1)] adopted and promulgated "LERN Entry Criteria" and "LERN Region 4 LCC Destination Protocol" for region 4 of the Louisiana Emergency Response Network (R.S. 40:2842(3)), which region includes the parishes of Acadia, Evangeline, Iberia, Lafayette, St. Martin, St. Landry, and Vermilion, as follows.

1. LERN Entry Criteria

LERN Entry Criteria		
<input type="checkbox"/> Unmanageable Airway <input type="checkbox"/> Tension Pneumothorax <input type="checkbox"/> Traumatic cardiac arrest <input type="checkbox"/> Burn patient without patent airway <input type="checkbox"/> Burn patient >40% BSA without IV	YES→	Call LCC
Neurologic Trauma		
<input type="checkbox"/> GCS <14 + one or more of the following: <input type="checkbox"/> Penetrating head injury or depressed skull fracture <input type="checkbox"/> Open head injury with or without CSF leak <input type="checkbox"/> Deterioration of the GCS <input type="checkbox"/> Lateralizing signs or paralysis (i.e., one-sided weakness, motor, or sensory deficit)	YES→	Call LCC
Physiologic		
<input type="checkbox"/> SBP <90 (adults and > 9 y/o) <70 + 2 [age (yrs)] (age 1 to 8) <70 (age 1 to 12 months) <60 (term neonate) <input type="checkbox"/> RR <10 or >29 (adults and > 9 y/o) <15 or >30 (age 1 to 8) <25 or >50 (<12 m/o)	YES→	Call LCC
Anatomic		
<input type="checkbox"/> All penetrating injuries to neck, torso and extremities proximal to elbow and knee <input type="checkbox"/> Flail Chest <input type="checkbox"/> 2 or more proximal long-bone fractures <input type="checkbox"/> Crush, degloved or mangled extremity <input type="checkbox"/> Amputation proximal to wrist and ankle <input type="checkbox"/> Pelvic Fracture <input type="checkbox"/> Hip fractures (hip tenderness, deformity, lateral deviation of foot) <input type="checkbox"/> Major joint dislocations (hip, knee, ankle, elbow) <input type="checkbox"/> Open Fractures <input type="checkbox"/> Fractures with neurovascular compromise (decreased peripheral pulses or prolonged capillary refill, motor or sensory deficits distal to fracture, etc.)	YES→	Call LCC

LERN Entry Criteria		
Mechanism		
<input type="checkbox"/> Falls > 20 ft. (adults) > 10 ft. (child) or 2 to 3 times height <input type="checkbox"/> High-risk auto crash Intrusion > 12 in. occupant site: >20 in. any site <input type="checkbox"/> Ejection, partial or complete from automobile <input type="checkbox"/> Death in same passenger compartment <input type="checkbox"/> Auto vs. pedestrian/bicyclist thrown, run over or >5 MPH impact <input type="checkbox"/> Motorcycle crash >20 MPH	YES→	Call LCC
Special		
<input type="checkbox"/> Pregnancy >20 weeks <input type="checkbox"/> Burns (will follow ABA guidelines)	YES→	Call LCC
Other		
<input type="checkbox"/> Age ≥55 y/o or <8 y/o <input type="checkbox"/> Anticoagulation and bleeding disorders <input type="checkbox"/> End stage renal disease <input type="checkbox"/> Transplant patients	YES→	Call LCC

LERN Region 4 LCC Destination Protocol		
<input type="checkbox"/> Unmanageable Airway <input type="checkbox"/> Tension Pneumothorax <input type="checkbox"/> Traumatic cardiac arrest <input type="checkbox"/> Burn patient without patent airway <input type="checkbox"/> Burn patient >40 percent BSA without IV	YES→	Closest ED
NO ↓		
Neurologic Trauma		
<input type="checkbox"/> GCS <14 + one or more of the following: <input type="checkbox"/> Penetrating head injury or depressed skull fracture <input type="checkbox"/> Open head injury with or without CSF leak <input type="checkbox"/> Deterioration of the GCS <input type="checkbox"/> Lateralizing signs or paralysis (i.e., one-sided weakness, motor, or sensory deficit)	YES→	LERN Level II
NO ↓		
Physiologic		
<input type="checkbox"/> SBP <90 (adults and > 9 y/o) <70 + 2 [age (yrs)] (age 1 to 8) <70 (age 1 to 12 months) <60 (term neonate) <input type="checkbox"/> RR <10 or >29 (adults and ≥ 9 y/o) <15 or >30 (age 1 to 8) <25 or >50 (<12 m/o)	YES→	LERN Level II or III
NO ↓		
Anatomic		
<input type="checkbox"/> All penetrating injuries to neck, torso and extremities proximal to elbow and knee <input type="checkbox"/> Flail Chest <input type="checkbox"/> 2 or more proximal long-bone fractures <input type="checkbox"/> Crush, degloved or mangled extremity <input type="checkbox"/> Amputation proximal to wrist and ankle <input type="checkbox"/> Pelvic Fracture <input type="checkbox"/> Hip fractures (hip tenderness, deformity, lateral deviation of foot) <input type="checkbox"/> Major joint dislocations (hip, knee, ankle,	YES→	LERN Level II or III

b. Trauma patients who meet the following criteria, and are located outside the city limits of Shreveport and Bossier City, should be taken to nearest hospital for immediate stabilization followed by continued rapid transport to LSUHSC Shreveport per the LERN hospital protocol:

- i. unable to establish and maintain adequate airway/ventilation;
- ii. hypotension unresponsive to crystalloids (no more than 2 L);
- iii. patients who meet trauma center criteria but have a transport time > 60 minutes;
- iv. traumatic arrest.

B. On May 8, 2008, the Louisiana Emergency Response Network Board (R.S. 40:2842(1)) amended and promulgated, as amended, "Region 7 LERN Entry and Destination Protocol" for region 7 of the Louisiana Emergency Response Network (R.S. 40:2842(3)), which region includes the parishes of Bienville, Bossier, Caddo, Claiborne, DeSoto, Natchitoches, Red River, Sabine and Webster, which protocol was originally adopted and promulgated on November 15, 2007, so that the "Region 7 Louisiana Emergency Response Network Entry and Destination Protocol," as amended, effective May 8, 2008, is as follows.

1.a. Traumatic patients who meet the following criteria will be entered to LERN call center and should be transported directly to LSUHSC in Shreveport, if possible:

- i. airway compromise (intubated, apneic, or obstructed airway);
- ii. penetrating wound of head, neck, chest, abdomen, groin, or buttocks;
- iii. blood pressure \leq 100 or signs of shock;
- iv. GCS 12 or less;
- v. new onset neurological deficit associated with traumatic event;
- vi. extremity wound with absent pulse or amputation proximal to foot or hand;
- vii. burn patients as identified following ABA guidelines;
- viii. *healthcare provider discretion*—patients evaluated by hospitals may be entered into LERN if the evaluating hospitals medical personnel determines the patient has a medical condition requiring immediate surgical evaluation and/or intervention and the transferring hospital does not have these services immediately available at that facility (*Healthcare provider discretion* does not include orthopedic injuries.).

b. Patients that have been entered into LERN but will require greater than 60 minute transport time from the field should stop at local area hospitals for stabilization. These patients should still be entered into LERN from the field but will require transport to local area hospitals for stabilization. LERN will facilitate the movement of these patients from the local hospital once stabilizing measures are completed.

- i. The following are conditions requiring immediate stabilization by local area hospitals:
 - (a). unable to establish and maintain adequate airway/ventilation;
 - (b). hypotension unresponsive to crystalloids (no more than 2 L);
 - (c). patients who meet trauma center criteria but have a transport time > 60 minutes;
 - (d). traumatic arrest.

C. The following will be routed directly to the LSUHSC Burn Unit from local area hospitals or from the field:

1. partial-thickness and full thickness burns greater than 10 percent of the total body surface area (TBSA) in patients younger than 10 years of age or older than 50 years of age;
2. partial-thickness and full thickness burns greater than 20 percent of the total body surface area (TBSA) in other age groups;
3. partial-thickness and full thickness burns involving the face, eyes, ears, hands, feet, genitalia, perineum, or skin overlying major joints;
4. full-thickness burns greater than 5 percent TBSA in any age group;

5. electrical burns, including lightning injury;
6. chemical burns;
7. patients with inhalation injury;
8. burn injury in patients with pre-existing illnesses that could complicate management, prolong recovery, or adversely affect mortality risk;
9. any burn patient in whom concomitant trauma poses an increased risk of morbidity or mortality may be treated initially in a trauma center until stable before transfer to a burn center;
10. children with burns seen in hospitals without qualified personnel or equipment for their care;
11. burn injury in patients who will require special social and emotional or long-term rehabilitative support, including cases involving suspected child abuse or neglect.

D. These protocols were published at LR 35:1183-1184 (June 20, 2009).

AUTHORITY NOTE: Promulgated in accordance with R.S. 9:2798.5 and R.S. 40:2846(A).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Emergency Response Network, LR 41:139 (January 2015).

§19105. Standard LERN Entry Criteria; Standard Destination Protocol

A. On June 18, 2009, the Louisiana Emergency Response Network Board (R.S. 40:2842(1)) adopted and promulgated "Standard LERN Entry Criteria" and "Standard Destination Protocol" for use in all regions, except region 7, of the Louisiana Emergency Response Network (R.S. 40:2842(3)), replacing the "LERN Entry Criteria" and "LERN Region 4 LCC Destination Protocol," adopted and promulgated November 15, 2007, as follows.

1. Standard LERN Entry Criteria—Pre-Hospital and Hospital Triage Protocol

Standard LERN Entry Criteria		
Pre-Hospital and Hospital Triage Protocol		
<input type="checkbox"/> Unmanageable Airway <input type="checkbox"/> Tension Pneumothorax <input type="checkbox"/> Traumatic cardiac arrest <input type="checkbox"/> Burn patient without patent airway <input type="checkbox"/> Burn patient >40 percent BSA without IV	YES→	Call LCC
Neurologic Trauma		
<input type="checkbox"/> GCS <14 + one or more of the following: <input type="checkbox"/> Penetrating head injury or depressed skull fracture <input type="checkbox"/> Open head injury with or without CSF leak <input type="checkbox"/> Deterioration of the GCS <input type="checkbox"/> Lateralizing signs or paralysis (i.e., one-sided weakness, motor, or sensory deficit)	YES→	Call LCC
Physiologic		
<input type="checkbox"/> SBP <90 (adults and > 9 y/o) <70 + 2 [age (yrs)] (age 1 to 8) <70 (age 1 to 12 months) <60 (term neonate) <input type="checkbox"/> RR <10 or >29 (adults and > 9 y/o) <15 or >30 (age 1 to 8) <25 or >50 (<12 m/o)	YES→	Call LCC
Anatomic		
<input type="checkbox"/> All penetrating injuries to neck, torso and extremities proximal to elbow and knee <input type="checkbox"/> Flail Chest <input type="checkbox"/> 2 or more proximal long-bone fractures <input type="checkbox"/> Crush, degloved or mangled extremity <input type="checkbox"/> Amputation proximal to wrist and ankle <input type="checkbox"/> Pelvic Fracture <input type="checkbox"/> Hip fractures (hip tenderness, deformity, lateral deviation of foot) <input type="checkbox"/> Major joint dislocations (hip, knee, ankle, elbow)	YES→	Call LCC

3. Interregional Transfer Protocol

a. All patients whose condition exceeds the regionally available resources provided by local area hospitals may be transferred from one region to another following LERN interregional transfer protocol. Destination to the definitive care hospital in the receiving region will follow the LERN standard protocol (all laws regarding EMTALA apply).

b. Only regions operating with the LERN standard protocol will be involved in the LERN interregional transfer protocol.

c. Patients being transferred via the LERN interregional transfer protocol must:

i. be assessed at a local area hospital for treatment and stabilized by a physician and meet the entry criteria as determined by LERN standard protocol;

ii. treating physician will call LERN to request a transfer to another hospital;

iii. LCC (LERN call center) will determine the closest and most appropriate facility available following LERN standard protocol;

iv. if there are no available resources in the region then the LCC will locate an appropriate facility outside the region, and an interregional transfer will be considered. (All LERN interregional transfers will be reviewed by LERN medical directors and data will be collected for QI/PI.)

d. Exceptions

i. EMS requesting LERN for patients located on or close to borders between two regions will and can be directed to either region based on the patient needs and available resources.

ii. Air-med at the scene that is able to mitigate the time of transfer of long distances will and can be directed to hospitals outside the region they originate from based on patients needs and available resources.

iii. LERN medical directors will be involved in the decision making (real time) in all patients that fall into the exception category.

B. On August 20, 2009, the Louisiana Emergency Response Network Board [R.S. 40:2842(1)] adopted and promulgated the amended "Interregional Transfer Protocol" for the Louisiana Emergency Response Network [R.S. 40:2842(3)], as follows.

1. The LERN interregional transfer protocol only applies to those regions, hospitals and pre-hospital providers that are participating in the LERN network.

2. The interregional transfer protocol will be tested over a 90 day period, at the end of which all interregional transfers will be reviewed for compliance with protocols, quality, patient safety and standards of care. This information will be shared with regional commissions, LERN Board, and LERN design the system work group. Decisions regarding the Interregional Transfer Protocol will be made at the end of the 90-day trial period.

3. Interregional Transfer Protocol

a. All patients whose conditions exceed the regionally available resources provided by local area hospitals may be transferred from one region to another following LERN interregional transfer protocol. Destination to the definitive care hospital in the receiving region will follow the LERN standard protocol. All laws regarding EMTALA apply.

b. Only regions operating with the LERN standard protocol will be involved in the LERN interregional transfer protocol.

c. Patients transferred via the LERN interregional transfer protocol must:

i. be assessed at a local area hospital for treatment, be stabilized by a physician, and meet the entry criteria as determined by LERN standard protocol; and

ii. have a treating physician call LERN to request a transfer to another hospital.

d. The LERN call center (LCC) will determine the closest and most appropriate facility available following LERN standard protocol.

ii. be assessed and stabilized to the best of their ability at a local area hospital prior to transport to the closest appropriate hospital;

iii. the treating physician/nurse must contact LERN to request a transfer. The LERN communications center (LCC) will determine the closest and most appropriate facility available following the LERN standard destination protocol.

B. These guidelines and protocols were published at LR 37:751 (February 20, 2011).

AUTHORITY NOTE: Promulgated in accordance with R.S. 9:2798.5 and R.S. 40:2846(A).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Emergency Response Network, LR 41:143 (January 2015).

§19113. LERN Entry Criteria: Trauma; LERN Destination Protocol: Trauma

A. On January 20, 2011, the Louisiana Emergency Response Network Board [R.S. 40:2842(1) and (3)] adopted and promulgated "LERN ENTRY CRITERIA: Trauma; Pre-Hospital and Hospital Triage Protocol" and "LERN DESTINATION PROTOCOL: Trauma" replacing the "Standard LERN Entry Trauma Criteria" and "Standard LERN Entry Trauma Criteria Destination Protocol" adopted and promulgated January 20, 2011, as follows.

1. LERN Entry Criteria: Trauma

a. Pre-Hospital and Hospital Triage Protocol

Call LERN Communications Center for:
<ul style="list-style-type: none">• Unmanageable Airway• Tension Pneumothorax• Traumatic cardiac arrest• Burn Patient without patent airway• Burn patient >40 percent BSA without IV
Physiologic
<ul style="list-style-type: none">• GCS <14• SBP <90 (adults and > 9 y/o)<ul style="list-style-type: none"><70 + 2 [age (yrs)] (age 1 to 8 y/o)<70 (age 1 to 12 months)<60 (term neonate)• RR <10 or >29 (adults & ≥ 9 y/o)<ul style="list-style-type: none"><15 or >30 (age 1 to 8 y/o)<25 or >50 (<12 m/o)
Anatomic
<ul style="list-style-type: none">• Open or depressed skull fractures• Open head injury with or without CSF leak• Lateralizing signs or paralysis (i.e., one-sided weakness, motor, or sensory deficit)• All penetrating injuries to head, neck, torso, and extremities proximal to elbow and knee• Flail Chest• 2 or more proximal long-bone fractures• Crush, degloved or mangled extremity• Amputation proximal to wrist and ankle• Pelvic Fractures• Hip Fractures (hip tenderness, deformity, lateral deviation of foot) excluding isolated hip fractures from same level falls• Major joint dislocations (hip, knee, ankle, elbow)• Open Fractures• Fractures with neurovascular compromise (decreased peripheral pulses or prolonged capillary refill, motor or sensory deficits distal to fracture)
Mechanism
<ul style="list-style-type: none">• Falls >20 ft. adults<ul style="list-style-type: none">>10 ft. (child) or 2 to 3 times height• Auto vs. pedestrian/bicyclist thrown, run over or significant (>20 MPH) impact• Motorcycle crash >20 MPH• High-risk auto crash• Intrusion >12 in, occupant site<ul style="list-style-type: none">>18 in. any site

Call LERN Communications Center for:		
<ul style="list-style-type: none"> Ejection, partial or complete from automobile Death in same passenger compartment 		
Other		
<ul style="list-style-type: none"> Pregnancy >20 weeks Burns (follow ABA guidelines) Age \geq 55 y/o or <8 y/o Anticoagulation and bleeding disorders End stage renal disease Transplant patients 		
Multi/Mass Casualty Incident (MCI)		

2. LERN Destination Protocol: Trauma

LERN Destination Protocol: Trauma		
<ul style="list-style-type: none"> Unmanageable Airway Tension Pneumothorax Traumatic cardiac arrest Burn patient without patent airway Burn patient >40 percent BSA without IV 	YES→	Closest ED
Physiologic		
<ul style="list-style-type: none"> GCS < 14 SBP <90 (adults and > 9 y/o) <ul style="list-style-type: none"> <70 + 2 [age (yrs)] (age 1 to 8) <70 (age 1 to 12 months) <60 (term neonate) RR <10 or >29 (adults and > 9 y/o) <ul style="list-style-type: none"> <15 or >30 (age 1 to 8) <25 or >50 (< 12 m/o) 	YES→	LERN Level I, II, or III
Anatomic		
<ul style="list-style-type: none"> Open or depressed skull fractures Open head injury with or without CSF leak Lateralizing signs or paralysis (i.e., one-sided weakness, motor, or sensory deficit) All penetrating injuries to neck, torso and extremities proximal to elbow and knee Flail Chest 2 or more proximal long-bone fractures Crush, degloved or mangled extremity Amputation proximal to wrist and ankle Pelvic Fracture Hip fractures (hip tenderness, deformity, lateral deviation of foot) excluding isolated hip fractures from same level falls Major joint dislocations (hip, knee, ankle, elbow) Open Fractures Fractures with neurovascular compromise (decreased peripheral pulses or prolonged capillary refill, motor or sensory deficits distal to fracture) 	YES→	LERN Level I, II, or III
Mechanism		
<input type="checkbox"/> Falls > 20 ft. (adults) > 10 ft. (child) or 2 to 3 times height <input type="checkbox"/> High-risk auto crash Intrusion > 12 in. occupant site: >18 in. any site <input type="checkbox"/> Ejection, partial or complete from automobile <input type="checkbox"/> Death in same passenger compartment <input type="checkbox"/> Auto vs. pedestrian/bicyclist thrown, run over or significant (>20 MPH) impact <input type="checkbox"/> Motorcycle crash >20 MPH	YES→	LERN Level II, or III
Other		
<ul style="list-style-type: none"> Pregnancy > 20 weeks Burns (follow ABA guidelines) 	YES→	LERN Level II,

LERN Destination Protocol: Trauma		
<ul style="list-style-type: none"> Age >55 y/o or <8 y/o Anticoagulation and bleeding disorders End stage renal disease Transplant patients 		III, or IV
MULTI/MASS CASUALTY INCIDENT (MCI)	YES→	LERN Level I, II, III, or IV

B. These protocols were published at LR 37:1466-1468 (April 20, 2011).

AUTHORITY NOTE: Promulgated in accordance with R.S. 9:2798.5 and R.S. 40:2846(A).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Emergency Response Network, LR 41:143 (January 2015).

§19115. LERN Destination Protocol: TRAUMA

A. On April 26, 2012, the Louisiana Emergency Response Network Board [R.S. 40:2842(1) and (3)] adopted and promulgated "LERN Destination Protocol: Trauma" replacing the "LERN Destination Protocol: Trauma" adopted and promulgated April 21, 2011, as follows.

<ul style="list-style-type: none"> Unmanageable Airway Tension Pneumothorax Traumatic cardiac arrest Burn Patient without patent airway Burn patient >40 percent BSA without IV 	→	Closest ED
Physiologic		
<ul style="list-style-type: none"> GCS <14 SBP <90 (adults and > 9 y/o) <70 + 2 [age (yrs)] (age 1 to 8 y/o) <70 (age 1 to 12 months) <60 (term neonate) RR <10 or >29 (adults and ≥ 9 y/o) <15 or >30 (age 1 to 8 y/o) <25 or >50 (<12 m/o) 	→	Level I, II, or III*
Anatomic		
<ul style="list-style-type: none"> Open or depressed skull fractures Open head injury with or without CSF leak Lateralizing signs or paralysis (i.e., one-sided weakness, motor, or sensory deficit) All penetrating injuries to head, neck, torso, & extremities proximal to elbow & knee Flail Chest 2 or more proximal long-bone fractures Crush, degloved or mangled extremity Amputation proximal to wrist & ankle Pelvic Fractures Hip Fractures (hip tenderness, deformity, lateral deviation of foot) excluding isolated hip fractures from same level falls Major joint dislocations (hip, knee, ankle, elbow) Open Fractures Fractures with neurovascular compromise (decreased peripheral pulses or prolonged capillary refill, motor or sensory deficits distal to fracture) 	→	Level I, II, or III*
Mechanism		
<ul style="list-style-type: none"> Falls >20 ft. adults >10 ft. (child) or 2 to 3 times height High-risk auto crash <ul style="list-style-type: none"> Intrusion > 12 in. occupant site > 18 in. any site Ejection, partial or complete from automobile 	→	Level I, II, or III*

<ul style="list-style-type: none"> • Death in same passenger compartment • Auto vs. pedestrian/bicyclist thrown, run over or significant (>20 MPH) impact • Motorcycle crash >20 MPH 		
Other		
<ul style="list-style-type: none"> • Pregnancy >20 weeks • Burns (follow ABA guidelines) • Age \geq 55 y/o or <8 y/o • Anticoagulation and bleeding disorders -patients w/ head injuries are at high risk for rapid deterioration 	→	Level II, or III*
MULTI/MASS CASUALTY INCIDENT (MCI)	→	Level I, II, or III*

*Refers to ACS Verified Level Trauma Center—Where trauma center not available, patient will be routed to facility with appropriate resource which may not need be the highest level facility.

B. This protocol was published at LR 38:1462-1463 (June 20, 2012).

AUTHORITY NOTE: Promulgated in accordance with R.S. 9:2798.5 and R.S. 40:2846(A).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Emergency Response Network, LR 41:144 (January 2015).

§19117. LERN Destination Protocol: Trauma

A. On November 21, 2013, the Louisiana Emergency Response Network Board [R.S. 40:2842(1) and (3)] adopted and promulgated "LERN Destination Protocol: TRAUMA" replacing the "LERN Destination Protocol: Trauma" adopted and promulgated April 26, 2012, and repealing "LERN ENTRY CRITERIA, Trauma Pre-Hospital and Hospital Triage Protocol" adopted and promulgated April 21, 2011, as follows.

1. Call LERN Communication Center at (866) 320-8293 for patients meeting the following criteria.

<ul style="list-style-type: none"> • Unmanageable airway • Tension pneumothorax • Traumatic cardiac arrest • Burn patient without patent airway • Burn patient > 40 percent BSA without IV 	→	Closest ED/Trauma Center
NO ↓		
Physiologic		
<ul style="list-style-type: none"> • GCS < 14 • SBP < 90 (adults and > 9 y/o) < 70 + 2 [age (yrs)] (age 1 to 8 y/o) < 70 (age 1 to 12 months) < 60 (term neonate) • RR < 10 or > 29 (adults & \geq 9 y/o) < 15 or > 30 (age 1 to 8 y/o) < 25 or > 50 (< 12 m/o) 	→	To Appropriate Trauma Center or Hospital as Determined by LERN Communication Center
NO ↓		

Anatomic		
<ul style="list-style-type: none"> • Open or depressed skull fractures • Open head injury with or without CSF leak • Lateralizing signs or paralysis (i.e., one-sided weakness, motor, or sensory deficit) • All penetrating injuries to head, neck, torso, and extremities proximal to elbow and knee • Flail Chest • 2 or more proximal long-bone fractures • Crush, degloved or mangled extremity • Amputation proximal to wrist and ankle • Pelvic Fractures • Hip Fractures (hip tenderness, deformity, lateral deviation of foot) excluding isolated hip fractures from same level falls • Major joint dislocations (hip, knee, ankle, elbow) • Open Fractures • Fractures with neurovascular compromise (decreased peripheral pulses or prolonged capillary refill, motor or sensory deficits distal to fracture) 	→	To Appropriate Trauma Center or Hospital as Determined by LERN Communication Center
NO ↓		
Mechanism		
<ul style="list-style-type: none"> • Falls >20 ft. adults >10 ft. (child) or 2 to 3 times height • High-risk auto crash <ul style="list-style-type: none"> • Intrusion >12 in. occupant site >18 in. any site <ul style="list-style-type: none"> • Ejection, partial or complete from automobile • Death in same passenger compartment • Auto vs. pedestrian/bicyclist thrown, run over or significant (>20 MPH) impact • Motorcycle crash >20 MPH 	→	To Appropriate Trauma Center or Hospital as Determined by LERN Communication Center
NO ↓		
Other		
<ul style="list-style-type: none"> • Pregnancy >20 weeks • Burns (follow ABA guidelines) • Age ≥ 55 y/o or <8 y/o • Anticoagulation and bleeding disorders - patients w/ head injuries are at high risk for rapid deterioration 	→	To Appropriate Trauma Center or Hospital as Determined by LERN Communication Center
MULTI/MASS CASUALTY INCIDENT (MCI)	→	To Appropriate Trauma Center or Hospital as Determined by LERN Communication Center

B. This protocol was published at LR 40:190-191 (January 20, 2014).

AUTHORITY NOTE: Promulgated in accordance with R.S. 9:2798.5 and R.S. 40:2846(A).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Louisiana Emergency Response Network, LR 41:145 (January 2015).

§19119. Destination Protocol: TRAUMA

A. On November 20, 2014, the Louisiana Emergency Response Network Board [R.S. 40:2842(1) and (3)] adopted and promulgated “Destination Protocol: Trauma” to be effective January 1, 2015, and replacing the “LERN Destination Protocol: Trauma” adopted and promulgated November 21, 2013, as follows.

1. Call LERN communication center at (866) 320-8293 for patients meeting the following criteria.

<ul style="list-style-type: none"> Unmanageable airway Tension pneumothorax Traumatic cardiac arrest Burn patient without patent airway Burn patient > 40 percent BSA without IV 	Yes→	Closest ED/ Trauma Center
↓ No		
Measure vital signs and level of consciousness		
<ul style="list-style-type: none"> GCS ≤13 SBP <90mmHg RR <10 or >29 breaths per minute, or need for ventilator Support (<20 in infant aged <1 year) 	Yes→	Transport to Trauma Center/ Trauma Program These patients should be transported to the highest level of care within the defined trauma system. This is a Level 1 or a Level 2 Trauma Center or Trauma Program. <i>* If distance or patient condition impedes transport to trauma facility, consider transport to most appropriate resourced hospital.</i>
↓ No		
Assess anatomy of injury		
<ul style="list-style-type: none"> All penetrating injuries to head, neck, torso, and extremities proximal to elbow or knee Chest wall instability or deformity (e.g. flail chest) Two or more proximal long-bone fractures Crushed, degloved, mangled, or pulseless extremity Amputation proximal to wrist or ankle Pelvic fractures Open or depressed skull fracture Paralysis Fractures with neurovascular compromise (decreased peripheral pulses or prolonged capillary refill, motor or sensory deficits distal to fracture) 	Yes→	Transport to Trauma Center/ Trauma Program These patients should be transported to the highest level of care within the defined trauma system. This is a Level 1 or a Level 2 Trauma Center or Trauma Program. <i>* If distance or patient condition impedes transport to trauma facility, consider transport to most appropriate resourced hospital.</i>
↓ No		
Assess mechanism of injury and evidence of high-energy impact		
<ul style="list-style-type: none"> Falls <ul style="list-style-type: none"> Adults: >20 feet (one story is equal to 10 feet) 	Yes→	Transport to Trauma Center/Trauma Program which, depending upon

<ul style="list-style-type: none"> - Children: >10 feet or two or three times the height of the child • High-risk auto crash <ul style="list-style-type: none"> - Intrusion, including roof: > 12 inches occupant site; > 18 inches any site <ul style="list-style-type: none"> - Ejection (partial or complete) from automobile - Death in the same passenger compartment - Vehicle telemetry data consistent with a high risk of injury • Auto vs. pedestrian/bicyclist/ATV thrown, run over, or with significant (>20 mph) impact • Motorcycle crash >20mph 		the defined trauma system, need not be the highest level trauma center/program. If no Trauma Center/Trauma Program in the region, LCC may route to the most appropriate resourced hospital.
↓ No		
Assess special patient or system considerations		
<ul style="list-style-type: none"> • Older Adults <ul style="list-style-type: none"> - Risk of injury/death increases after age 55 years - SBP <110 may represent shock after age 65 - Low impact mechanisms (e.g. ground level falls) may result in severe injury • Children <ul style="list-style-type: none"> - Should be triaged preferentially to pediatric capable trauma centers • Anticoagulants and bleeding disorders <ul style="list-style-type: none"> - Patients with head injury are at high risk for rapid deterioration • Burns <ul style="list-style-type: none"> - With trauma mechanism: triage to trauma center • Pregnancy >20 weeks • Hip Fractures (hip tenderness, deformity, lateral deviation of foot) excluding isolated hip fractures from same level falls • Major joint dislocations (hip, knee, ankle, elbow) • Open Fractures • EMS provider judgment 	Yes→	Transport to Trauma Center/Trauma Program which, depending upon the defined trauma system, need not be the highest level trauma center/program. If no Trauma Center/Trauma Program in the region, LCC may route to the most appropriate resourced hospital.
↓ No		
Multi/Mass Casualty Incident	No→	Transport according to protocol

2. When in doubt, transport to a trauma center.

B. This protocol was published at LR 40:2710 (December 20, 2014).

AUTHORITY NOTE: Promulgated in accordance with R.S. 9:2798.5 and R.S. 40:2846(A).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Emergency Response Network, LR 41:950 (May 2015).

Chapter 193. Stroke Protocols

§19301. LERN Destination Protocol: Stroke

A. On November 21, 2013, the Louisiana Emergency Response Network Board [R.S. 40:2842(1) and (3)] adopted and promulgated "LERN Destination Protocol: STROKE," as follows.

- The following protocol applies to patients with suspected stroke.

Compromise Of: Airway Breathing Circulation	→	Closest ED
NO ↓		
<ul style="list-style-type: none"> All other patients with suspected stroke Patients with seizure with focal deficit, extended window (4-8 hrs from onset), and patients with unknown onset may benefit from evaluation at Level I or II hospital with on-site stroke expertise. 	→	Transport to LERN Stroke Level I, II, or III
NO ↓		
Terminally Ill or Palliative Care Patient	→	Transport to LERN Stroke Level I, II, III, or IV
Guiding principles: Time is the critical variable in acute stroke care. <ul style="list-style-type: none"> Protocols that include pre-hospital notification while en route by EMS should be used for patients with suspected acute stroke to facilitate primary destination efficiency. Treatment with intravenous tPA is the only FDA approved acute therapy for stroke. EMS should identify the geographically closest facility capable of providing tPA treatment. Transfer patient to the nearest hospital equipped to provide tPA treatment. Secondary transfer to facilities equipped to provide tertiary care and interventional treatments should not prevent administration of tPA to appropriate patients. 		

- This protocol was published at LR 40:189-190 (January 20, 2014).

AUTHORITY NOTE: Promulgated in accordance with R.S. 9:2798.5 and R.S. 40:2846(A).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Emergency Response Network, LR 41:146 (January 2015).

Chapter 195. STEMI Protocols

§19501. STEMI Triage Protocol for Pre-Hospital Providers

A. On November 21, 2013, the Louisiana Emergency Response Network Board [R.S. 40:2842(1) and (3)] adopted and promulgated "STEMI Triage Protocol for Pre-Hospital Providers," as follows.

Acute coronary symptoms \geq 15 minutes and $<$ 12 hours AND 12 lead ECG criteria of 1 mm ST elevation in 2 or more contiguous leads OR LBBB NOT KNOWN to be present in the past EMS ECG interpreted or transmitted to hospital for MD consult for bypass and activation
↓

STEMI-Receiving Center with medical contact-to-device (PCI) ≤ 90 minutes (by ground or air)?	YES→	Transport to nearest STEMI-Receiving Center with pre-hospital notification/activation Goal medical contact to device (PCI) time of 90 minutes or less
NO ↓		
Transport to closest STEMI-Referral Hospital with Pre-hospital notification/activation Goal medical contact to fibrinolytic needle time of 30 minutes or less	→	Transport to nearest STEMI-Receiving Center for subsequent PCI

*O’Gara PT, Kushner FG, Ascheim DD, et al. 2013 ACCF/AHA Guideline for the Management of ST-Elevation Myocardial Infarction: A Report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. Journal of the American College of Cardiology. 2013;61(4):e78.

B. This protocol was published at LR 50:192 (January 20, 2014).

AUTHORITY NOTE: Promulgated in accordance with R.S. 9:2798.5 and R.S. 40:2846(A).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Emergency Response Network, LR 41:146 (January 2015).